



***ENROLLMENT FORM FOR ELECTRONIC PAYMENT  
DELTA CHARTER TOWNSHIP UTILITY BILLS***

Telephone (517) 323-8510 Fax (517) 323-8508

**Account Information:**

Account Name \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Acct. No. \_\_\_\_\_

**Financial Institution Information:**

Bank Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing No. \_\_\_\_\_ Acct. No. \_\_\_\_\_

To ensure the accuracy of information required for electronic payment, please enclose one of your voided checks (or clear photo copy), indicating the type of account – checking or savings. The check should show the name of your financial institution, the ABA/routing number, and your account number.

**Your Signature of Authorization:**

I authorize Delta Charter Township to deduct my payment from the checking or savings account indicated above. I understand that I control my payment and if at anytime I decide to discontinue this payment service, I will notify Delta Charter Township.

Furthermore, I understand that Delta Charter Township may discontinue this service at anytime and that penalties apply if the account has insufficient funds on the due date.

Your Signature Is Required

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Forms must be received by the 15<sup>th</sup> of the month to be effective for payment of the following month's bill.